exertions of four men, he was made to do so, the ghastliness of his features evidenced the anguish he endured. His respiration became short; he could neither swallow nor spit out his saliva; and now commenced biting those about him. For a while after the Vs., the paroxysms seemed less intense, but towards the afternoon, they returned as badly as ever; his propensity to bite those about him, or even himself, increasing. When those who held him slackened their hold, he, in the full possession of consciousness, entreated his friends to keep at a distance, lest he should bite them. No mitigation after this occurred, and he died at three in the afternoon. The most careful external inspection showed no traces of any bite, and his relatives felt certain he had not been bitten; and yet the symptoms were not to be distinguished from those which the author had witnessed in true hydrophobia. All the persons bitten by him continued well.—*Brit. & For. Med.-Chir. Rev.*, Jan. 1849, from *Walther & Ammon's Journ.*, Bd. viii.

14. *On Muscular Rheumatism.* By M. Valleix.—The essential character of this affection is *pain*, and no anatomical lesion belongs to it, unless it become complicated with other affections. It possesses various analogies with neuralgia, and the two affections may be easily transformed into each other. If the pain remain concentrated in the nerves, we find isolated, characteristic, painful spots —a *neuralgia*, properly so called. If it spread to the muscles, the contractions of these are especially painful, and *muscular rheumatism* is present; while if it extend to the skin, we have a *dermalgia*. All these forms of the same affection may unite together, or by two and two.

The *diagnosis* of *acute* muscular rheumatism from inflammation is generally easy, owing to the absence of the well-known signs of the latter. It becomes more difficult when the muscles over a joint are those affected; and on no account can the identity of muscular and articular rheumatism be admitted. In respect to its diagnosis from neuralgia, it may be observed that it is much more rare to mistake a rheumatism for a neuralgia, than the reverse. In rheumatism, the pain and tenderness are more diffused, and are found rather at the attachments of muscles than in the course of the nerves. Muscular action causes an amount of suffering altogether disproportionate to the other spontaneous or excited pains; while in neuralgia the reverse is generally observable.

Prognosis. *Chronic* muscular rheumatism is more obstinate than chronic neuralgia; while exactly the reverse is true of the *acute* form. However severe, it is rare to see it continue longer than a week: while neuralgia may persist, with all its original severity, for weeks or months. Rheumatism is generally a far less serious affection than neuralgia; it does not produce the same perturbation of the economy, and is more easily dissipated. The same is true of the *chronic* form, for we only now and then see paralysis of one or several muscles result; while the subject of neuralgia not unfrequently continues to lead a miserable existence, deprived of the use of his limbs.

Treatment. These two diseases have too often been treated alike, and with great mischief to the subjects of them; for while bleeding may benefit rheumatism, it is very hurtful to neuralgia; and flying blisters and intercurrent cauterization, so useful in acute neuralgia, are of little avail in rheumatism. In *chronic* cases, hydrotherapeia, shampooing, and thermal waters are more useful in rheumatism than in neuralgia: but in this stage the treatment of the two diseases approximates much more than in the acute one.

Among the different species of muscular rheumatism may be noticed that which affects the *muscles of the head;* sometimes the occipito-temporal, the masseters, or temporals, and at others the muscles of the eyes or cheeks being those which suffer. This pain is distinguished chiefly by the exacerbation which is produced by causing the sudden movement of the muscles affected; furnishing a far stronger contrast with the spontaneous pain than is the case with other pains of the head, as well as by being limited to the muscles in question. This form best yields to the external application of the *cyanide of potassium;* and of all forms of cephalalgia it is that which is least benefited by blistering the nape, so indiscriminately resorted to. This rheumatism of the head is found also generally worst on rising in the morning, especially in *moderately* cold and damp weather. This is attributable to the parts having been exposed to the cold

during the night (from which they would have been protected in *very* cold weather), and the simple precaution of covering them with a cap or handkerchief has not unfrequently relieved pains which have long obstinately persisted.

Besides a *torticollis*, rheumatism may show itself in the cervical region in the form termed by the author *cervicodynia*, in which there is a very variable amount of dull pain felt along the cervical region, and even extending to the epicranial muscles. It is much aggravated by stretching the head backwards, or keeping it bent forwards. It is easily transformed into a neuralgia, and may become confounded with this, as it may with congestion of the brain, when it extends to the pericranial muscles. The most successful means are, sea-water baths, cold affusion, cupping, and acupuncture. When the affection becomes chronic, it is very obstinate.

One of the most obstinate forms of muscular rheumatism, as also one of the most important, as it may lead to *paralysis of the deltoid*, is *rheumatism of the muscles of the shoulder*. In its acute form, it is distinguished with difficulty from articular rheumatism or acute arthritis. In its chronic form, it sometimes induces the above-named paralysis. Several cases are related by authors, in which paralysis supervened on painful affections of the shoulder; but these are, for the most part, too imperfectly reported to enable us to judge whether this arose from chronic muscular rheumatism or inflammation. Others are more explicitly detailed, and two of these are quoted by the author, in which acupuncture, after the failure of other remedies, effected a cure.—*Brit. and For. Med.-Chir. Review*, Jan. 1849, from *Bulletin de Thérapeutique*, tom. xxxv.

15. *On Bilious Pneumonia.*—Dr. Martin Solon relates two cases confirmatory of the existence of this form of pneumonia, formerly so generally, and now so rarely admitted; and he believes that the epidemic bilious pneumonias and pleurisies of the older writers were correctly described as such, just as sporadic cases may be at the present time. A chief circumstance that has prevented the recognition of bilious pneumonia, is the fact of the occasional co-existence of a pneumonia with inflammation of the liver or biliary canals. It is true we have here biliary symptoms, such as jaundice, &c.; but these depend upon the hepatitis, and yield to the antiphlogistic treatment which is as proper for it as for the pneumonia. Here the symptoms of the two diseases are found united, and with the burning skin we have the full hard pulse, and red, dry, cracked tongue; while the green colour of the serum of the blood, developed by nitric acid, diminishes in proportion as the phlegmasia is relieved. But the case is different when the biliary affection is a simple secretory modification, whose influence, without changing the physical signs of the pneumonia, gives to the general condition, and to the progress of the disease a peculiar character—the pneumonia now resisting continued antiphlogistics, and yielding to evacuants. In one of the cases here related, the pneumonia which had resisted two venesections, yielded after free bilious stools were procured by purgation—the amount of biliverdine of the serum of the blood (obtained by a local bleeding) being also diminished. In the second case, the elements of the bile were found not only in the serum, but also in the urine and the expectoration. The severity of the disease did not diminish after the loss of 60 oz. of blood, the tinge of the serum becoming also deeper and deeper after each venesection; and real amelioration only took place after copious bilious stools had been procured, and the serum of a small exploratory blood-letting then furnished no further traces of bile. Cases like these should lead us to admit the truth of Stoll's description of bilious epidemics; and that he had no preconceived ideas upon the subject, is shown by the fact that he knew not at first what treatment to pursue.

Nothing can be more easy than the detection of the biliverdine in the serum. If we drop 10 or 12 drops of nitric acid into two or three spoonfuls, the colouring matter will be found to dispose itself in different coloured zones, one over the other. At the bottom of the glass is seen the yellow colour which all animal matter assumes on combining with the acid: a little above this we see a rose-coloured zone, and a little higher still, other zones of different shades of bluish-green; and finally a zone of more or less deep green. The same zones